

# DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

Attorney Docket Number:

JMYT-314US

First Named Inventor:

Derek Wyndham Clissold

**COMPLETE IF KNOWN**

Application Number:

To be assigned

Filing Date:

January 5, 2004

Art Unit:

Examiner Name:

☒ Declaration  
Submitted  
With Initial  
Filing  
(37 CFR 1.63)

☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

☐ Supplemental  
Declaration  
(37 CFR 1.67)
**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROSTAGLANDIN SYNTHESIS

(Title of the Invention)

the specification of which

☒ is attached hereto
**OR**
☐ was filed on (MM/DD/YYYY) \_\_\_\_\_ as United States Application or PCT International Application Number \_\_\_\_\_

and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

# Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

I hereby appoint:

☒ **Practitioners at Customer Number 23122**
**OR**
☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

☒ Practitioners Customer Number listed above; **OR**
☐ Correspondence Address Below

Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Name of Sole or First Inventor:**
☐ A Petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))

Family Name or Surname

Derek Wyndham

CLISSOLD

Inventor's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Residence: City: Wokingham

State:

Country: UK

Citizenship: Britain

Mailing Address:

Mailing Address: 6 Monkshood Close

City: Wokingham

State:

Zip: RG40 5YE

Country: United Kingdom

☒ Additional inventors are listed on the next page.

## Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

<b>Name of Second Inventor:</b>			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
Stuart Wilbert			CRAIG		
Inventor's Signature _____				Date: _____	
Residence: City: Lowell	State: MA	Country: USA	Citizenship: Canada		
Mailing Address:					
Mailing Address: 200 Massmill Drive - Apt. 310					
City: Lowell	State: MA	Zip: 01852	Country: USA		
<b>Name of Third Inventor:</b>			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
Rajendrakumar Reddy			GADIKOTA		
Inventor's Signature _____				Date: _____	
Residence: City: Lowell	State: MA	Country: USA	Citizenship: India		
Mailing Address:					
Mailing Address: 1005 Westford Street - Apt. 6					
City: Lowell	State: MA	Zip: 01851	Country: USA		
<b>Name of Fourth Inventor:</b>			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
Min			HE		
Inventor's Signature _____				Date: _____	
Residence: City: Ayer	State: MA	Country: USA	Citizenship: China		
Mailing Address:					
Mailing Address: 55 Littleton Road - Unit 29B					
City: Ayer	State: MA	Zip: 01432	Country: USA		
<input checked="" type="checkbox"/> Additional inventors are listed on 2 Supplemental Sheet(s).					

## DECLARATION/POWER OF ATTORNEY - SUPPLEMENTAL SHEET

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<b>Name of Additional Joint Inventor, if any:</b>			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))			Family Name or Surname	
Jurjus Fayez			JURAYJ	
Inventor's Signature _____			Date: _____	
Residence: City: Acton	State: MA	Country: USA	Citizenship: US	
Mailing Address:				
Mailing Address: 16C Strawberry Hill Road - Apt. 32				
City: Acton	State: MA	Zip: 01720	Country: USA	
<b>Name of Additional Joint Inventor, if any:</b>			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))			Family Name or Surname	
Shahrokh			KAZERANI	
Inventor's Signature _____			Date: _____	
Residence: City: Leominster	State: MA	Country: USA	Citizenship: Iran	
Mailing Address:				
Mailing Address: 122 Water Street - Apt. 129				
City: Leominster	State: MA	Zip: 01453	Country: USA	
<b>Name of Additional Joint Inventor, if any:</b>			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))			Family Name or Surname	
Erwin			RANNALA	
Inventor's Signature _____			Date: ' _____	
Residence: City: Hants	State:	Country: UK	Citizenship: Britain	
Mailing Address:				
Mailing Address: 54 Connaught Road, Aldershot				
City: Hants	State:	Zip: GU12 4RN	Country: United Kingdom	

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<b>Name of Additional Joint Inventor, if any:</b>			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
Pradeep Kumar			SHRAMA		
Inventor's Signature _____				Date: _____	
Residence: City: Westford	State: MA	Country: USA	Citizenship: Canada		
Mailing Address:					
Mailing Address: 25 Fletcher Road					
City: Westford	State: MA	Zip: 01886	Country: USA		
<b>Name of Additional Joint Inventor, if any:</b>			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature _____				Date: _____	
Residence: City:	State:	Country:	Citizenship:		
Mailing Address:					
Mailing Address:					
City:	State:	Zip:	Country:		
<b>Name of Additional Joint Inventor, if any:</b>			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature _____				Date: _____	
Residence: City:	State:	Country:	Citizenship:		
Mailing Address:					
Mailing Address:					
City:	State:	Zip:	Country:		